IPDR6702				NORTH CAROLINA		na na	GE: 1	
	08/24/2008		I	PRS CHECKWRITE SUMMARY REPORT		PF	GE. I	
				CHECKWRITE DATE: 08/28/2008				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	3101	967	THE TAXONOMY CODE FOR THE ATTE				
	H/DD/SAS			NDING PROVIDER				
				IS MISSING				
		8599	593	DETAIL NOT COVERED BY COMBINAT	4	1 3367	5952	2585
				ION OF RECIPIENT, PROVIDER AND		3307	3332	2303
				BENEFIT PACKAGE.				
		5404	299	SEVERE DUPLICATE: SAME ATTD PR				
		3.01	222	OV/PCODE/TOS/DOS/MOD				
2404004		1.7	0.7					
3404904	WESTERN HIGHLAN DS LME	11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	DS LME							
		0	0			0 21	156	135
	+	+		+	+	+		
3404910	PATHWAYS	8959	245	REFERRING PROVIDER NPI IS MISS				
				ING. LEGACY REFERRING				
	1	1		PROVIDER IS TYPICAL. PLEASE R				1
	+	8800	91	FURTHER PROCESSING NECESSARY,	+	0 549	4056	3507
		1		PLEASE CHECK FOR CLAIM ON		349	4050	3307
				FUTURE RA'S.				
		8534	87	SERVICE FACILITY LOCATION IS N				
		0334	07	OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
3404912	MENTAL HEALTH P ARTNERS	191	34	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	ARTNERS			I I I I I I I I I I I I I I I I I I I				
		8599	22	DETAIL NOT COVERED BY COMBINAT		0 115	3901	3786
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	21	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS				
			-	ATTENDING PROVIDER, OR THE NPI				
3404913	MECKLENBURG COM	21	1591	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8800	1302	FURTHER PROCESSING NECESSARY,		0 3887	12077	8190
				PLEASE CHECK FOR CLAIM ON		-		
				FUTURE RA'S.				
	+	8599	411	DETAIL NOT COVERED BY COMBINAT				
	+			ION OF RECIPIENT, PROVIDER AND		+		
				BENEFIT PACKAGE.				
3404916		8326	527	ATTENDING DEGUTDED MIMORD MAG				
3404916	CROSSROADS BEHA VIORAL HEAL	8326	527	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				1
	. Joseph Market	1		THIS CLAIM OR THE NPI SUBMITTE				
		8800	109	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON		0 870	7898	7028
	+	+		FUTURE RA'S.	+	+		
		8536	89	ATTENDING PROVIDER TYPE AND SP				
		1	+	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
	+	+				+		
3404917	CENTERPOINT HUM	8800	279	FURTHER PROCESSING NECESSARY,				
	AN SERVICES	1		PLEASE CHECK FOR CLAIM ON				
	+	+		FUTURE RA'S.	_	+		
		11	223	CLIENT NOT ELIGIBLE ON SERVICE		0 558	3239	2681
				DATE		330	2233	
	+	8599	24	DETAIL NOT COVERED BY COMBINAT	_	+		
		-		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

			1			1	momax	momax
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8800	547	FURTHER PROCESSING NECESSARY,				
	TAL HEALTHC			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	45	ATTENDING PROVIDER NUMBER WAS		704	2005	2000
		0320		NOT SUBMITTED ON	(724	3986	3262
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	40	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8961	261	ATTENDING PROVIDER NPI IS MIS				
	L AREA MH D			SING. ATTENDING PROVIDER IS				
	D FACILITY FAIR D			TYPICAL. PLEASE RESUBMIT WITH				
		8326	123	ATTENDING PROVIDER NUMBER WAS	(497	9127	8630
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		0526	41	ATTENDANC DECUTED TYPE AND CD				
		8536	**	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT		-		
		1		VALID FOR SUBMITTED BILLING PR	+			
3404921	ORANGE PERSON C	11	461	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
		1			<u> </u>	<u> </u>		
		8326	125	ATTENDING PROVIDER NUMBER WAS	(1083	5480	4397
				NOT SUBMITTED ON				
		1		THIS CLAIM OR THE NPI SUBMITTE				
		21	124	DUPLICATE OF CLAIM-SYSTEM				
		21	124	DOFBICATE OF CHAIN-SISIEM				
3404922	THE DURHAM CENT	21	500	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8800	367	FURTHER PROCESSING NECESSARY,	(885	1007	122
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTORE RA S.				
		8664	16	SERVICE DENIED, LIMITATION HAS				
				BEEN EXCEEDED FOR THE FISCAL				
				YEAR.				
3404923	FIVE COUNTY MH	8326	167	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		11	72	CLIENT NOT ELIGIBLE ON SERVICE				
		11	72	DATE	(374	974	600
		1			+			
		8534	51	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
2404		2000	150					
3404925	SANDHILLS CENTE	8800	159	FURTHER PROCESSING NECESSARY,				
	R FOR MH/DD	1		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	-		
				TOTAL DE S.		-		
		8599	108	DETAIL NOT COVERED BY COMBINAT	1	586	3701	3115
				ION OF RECIPIENT, PROVIDER AND	+	386	3/01	3115
		1		BENEFIT PACKAGE.				
	1							
			1	SERVICE REQUIRES PRIOR APPROVA				
		23	102	DERVICE REQUIRED TRIOR MITROVA				1
		23	102	L				
		23	102	T				
2404925				L				
3404926	SOUTHEASTERN RE	8599	43	L DETAIL NOT COVERED BY COMBINAT				
3404926	SOUTHEASTERN RE G MENTAL HL			L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404926				L DETAIL NOT COVERED BY COMBINAT				
3404926				L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		160	2707	2627
3404926		8599	43	L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND) 160	2797	2637
3404926		8599	43	L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	() 160	2797	2637
3404926		8599	43	L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE		160	2797	2637
3404926		8599	43	L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE THIS SERVICE IS NOT PAYABLE TO	(160	2797	2637
3404926		8599	43	L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	(160	2797	2637
3404926		8599	43	L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE THIS SERVICE IS NOT PAYABLE TO		160	2797	2637

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8622	150	60 RESIDENTIAL LEVEL II TREATM				
	HC			ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
		8599	121	DETAIL NOT COVERED BY COMBINAT	0	458	2195	1737
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	65	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404930	JOHNSTON COUNTY	8599	3	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	2	SERVICE REQUIRES PRIOR APPROVA	0	5	84	79
				L .				
3404931	WAKE CO HUM SVC	8326	440	ATTENDING PROVIDER NUMBER WAS				
	BILLING OF			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	351	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	59	2125	14099	11974
		1	1	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	264	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		1	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	78	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD			NI BODGET				
		8326	22	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	116	2248	2132
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	ONSLOW CARTERET BEHAV HEAL	8326	160	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
	BERAV REAL			THIS CLAIM OR THE NPI SUBMITTE				
		8599	126	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	547	2032	1485
				BENEFIT PACKAGE.				
		11	92	CLIENT NOT ELIGIBLE ON SERVICE DATE				
2404025								
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
	HEALIN CIR							
		0	0		0	0	0	0
3404937	THE BEACON CENT	11	149	CLIENT NOT ELIGIBLE ON SERVICE			-	
	ER	1		DATE				
		8505	8	CLAIM DENIED DUE TO INSUFFICIE	0	166	791	625
		1	l	NT BUDGET				
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		1	1	** *** TENT MANAG				
3404939	EAST CAROLINA B	8800	67	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	EHAVIORAL H	1	1	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	64	DUPLICATE OF CLAIM-SYSTEM	0	268	2639	2371
		1						
		8326	37	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
		1		THIS CLAIM OR THE NPI SUBMITTE				
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	С
				I and the second				1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	116	CLIENT NOT ELIGIBLE ON SERVICE				
3101313			110	DATE				
	L HEALTH CE							
		8599	17	DETAIL NOT COVERED BY COMBINAT		6 171	2810	2639
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	8326	371	ATTENDING PROVIDER NUMBER WAS				
	N SERVICES			NOT SUBMITTED ON				
	N SERVICES			THIS CLAIM OR THE NPI SUBMITTE				
		79	220	THIS SERVICE IS NOT PAYABLE TO				
		/9	220	YOUR SUBMITTED BILLING		1 760	4705	3945
				PROVIDER TYPE AND SPECIALTY IN				
		8988	84	CLAIM DENIED, ATTENDING PROVID				
		0,00	0.1	ER WAS NOT				
				ENDORSED/LICENSED/CERTIFIED				
3404946	DOOMUTT C ADDAM	0	0	*** NO DATA TO REPORT ***				
	FOOTHILLS AREAM ENTAL HEALT							
	ENIAL REALI							
		0	0			0 0	(0
3404949		8534	666	SERVICE FACILITY LOCATION IS N				
3404949	PIEDMONT BEHAVI	0034	000					
	ORAL HEALTH			OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
				ATTENDING PROVIDER, OR THE NPT				
		21	309	DUPLICATE OF CLAIM-SYSTEM				
		**	303	DOLLICALD OF CLARIN SIGIEM		0 1281	2328	1047
		8599	181	DETAIL NOT COVERED BY COMBINAT			1	1
				ION OF RECIPIENT, PROVIDER AND				1
	+		1	BENEFIT PACKAGE.		+	+	1